# HealthCHOICES

# Summary of Public Meetings

April, 2002

Manitoba
Health
Hon. Dave Chomiak

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# Executive Summary

**Beginning in January 2002, Manitoba Health sought public input on the future of health care in Manitoba through Citizens' Forums and a Mail-in/Internet Questionnaire. This is an interim report summarizing input from the public forums. A final report including results from the mail-in/ internet questionnaire will follow.**

Four public forums were held in January – one each in Brandon and Thompson, and two in Winnipeg. Approximately 430 individuals participated. In a roundtable format, participants were asked to consider the same three questions being used through the Mail-in/Internet Questionnaire:

- What are your ideas on how to pay for rising health care costs?
- Are there any ideas or measures that you think the provincial government should definitely not consider?
- What health care information would you find helpful in the future?

**By and large, participants across the province recognized similar health care issues, resulting in the emergence of common subject areas and themes. Discussion on most of these subjects included arguments both in support and against. The following themes were most prominent:**

- **Universal access should be maintained and Medicare should not be compromised. Concerns were expressed about the creation of a two-tiered system that would put lower income and chronically ill individuals at a disadvantage;**
- **Re-organizing health care service delivery and finding ways of generating revenue were preferred over cutting services as solutions to rising health care costs;**
- **Governments, health care administration and health care professionals need to continually work on streamlining administration and enhancing accountability to ensure that more funding is being directed to patient care;**
- **More communication with the public about rising health care costs, increased demand for services and the decline of federal support for Medicare would help to create more realistic expectations of the health care system;**
- **The federal government should restore its role as a full partner in health care;**
- **The importance of health care staff training, recruitment and retention;**
- **The need for increased service integration so that health care professionals are working together in expanded roles, especially nurses; and**
- **The need for measures to reduce and contain drug costs.**

# Schedule and Process

In December 2001, The Honourable Dave Chomiak, Minister of Health, announced that he would be pursuing public input on health care in Manitoba, especially issues of health care costs. Public forums were held in the following locations:

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| **Brandon** | **Monday, January 21** | **6:30 p.m.** |
| **Thompson** | **Tuesday, January 22** | **6:30 p.m.** |
| **Winnipeg (2)** | **Thursday, January 24** | **2:00 p.m. and 6:30 p.m.** |

Participants were divided into small discussion groups that included members of the public, health care professionals and representatives from stakeholder or health care related organizations. The questions for discussion at each table were the same as those posed in the mail-in/internet questionnaire, which was also made available at the forums in printed format.

The forums began with an introduction and process explanation. This was followed by a presentation about health care by The Honourable Dave Chomiak, Minister of Health, after which facilitators initiated discussions at each table. Facilitators moderated and recorded discussions, then briefly summarized those discussions for the entire forum.

Advertising and news releases encouraged the public to register for the meetings. People who did not register in advance also attended. When individuals registered, they were given a brief description of the process that would take place.

French language translation services were made available at the Winnipeg public meetings. A bilingual facilitator was also available for discussions in French.

*Approximately 430 individuals participated in the Citizens' Forums: 180 in Brandon, 50 in Thompson, 130 at the afternoon session in Winnipeg and 70 at the Winnipeg evening session. Participants were divided into groups of approximately 10 individuals. There were 18 groups in Brandon, 5 in Thompson, and 12 and 9 groups at the Winnipeg sessions respectively.*

# Part A: Summary of Public Feedback

Participants responded to the challenge of addressing the future of health care with a wide variety of ideas and concerns. Many issues were raised consistently across the province. On some of these issues, there was widespread agreement. On others, agreement could not be reached. This section highlights the most common discussion issues for closer examination. Part B of this report provides a breakdown of discussions by themes.

Participants in the consultation felt that universal access to health care should not be compromised and that Medicare should be maintained. Consequently, the re-organization of health care service delivery and methods of revenue generation were discussion themes that gained wider acceptance than privatization.

In looking for potential solutions to funding shortages, revenue generation was a far more popular solution than cuts to current services. Many options for generating new revenue for health care were suggested, including accessing more of current revenues from Crown corporations, such as casinos and lotteries; or implementing premiums, user fees and new taxation measures, but no single source resulted in widespread acceptance by participants. Discussions about implementing user fees included concerns that doing so would create a two-tiered system that would put lower income and chronically ill individuals at a disadvantage.

While participants clearly valued the principle of universal access to high quality health care services, there was recognition of the strains on our publicly funded system. Although most participants felt that a universal health care system must be maintained, some people thought that expectations for universal health care services might be unrealistic. Some participants thought that the current list of services eligible for coverage could be evaluated to determine if it is still reasonable and whether or not some services should be de-insured.

Accountability of the health care system was another prominent theme. Participants suggested that health care professionals and administration need to continually seek greater efficiency to ensure that health care dollars are being used in the most appropriate manner possible. This could mean a better cost tracking system, independent audits and performance measurements of health care providers. It might also mean streamlining bureaucracy and administration.

Public education about the health care system was also a common discussion theme. By and large, participants felt that the HealthChoices consultation document provided valuable information. More information – such as costs associated with specific health services – was seen as a means of ensuring more reasonable expectations of the health care system. In addition, it was suggested that the government work to reduce drug costs by using generic labels rather than brand-names, reducing the patent time for pharmaceutical companies and generally exploring other methods of lowering the cost of drugs.

Other common discussion issues that participants were in agreement about include:

- Restoration of a full federal funding partnership
- The importance of staff recruitment and retention
- Involvement of nurse practitioners in care delivery
- The need for more service integration
- Public involvement in health care planning
- The importance of health promotion and prevention initiatives

A summary of participant responses to each of the questions posed in the roundtable discussions follows in this report.

# What are your ideas on how to pay for rising health care costs?

**While participants clearly value the principle of universal access to high quality health care services, there was recognition of the strains on our publicly funded system. Although most participants felt that a universal health care system must be maintained, some people felt that expectations for universal health care services might be unrealistic.**

The implementation of some form of user fee or premium structure was a prominent discussion theme, though some participants raised privatization or partial privatization as a potential solution to rising health care costs. Some participants felt that user fees or premiums could be based on personal income levels or personal usage levels of health care services. In addition, participants thought that the current list of services eligible for coverage could be evaluated to determine if it is still reasonable and whether or not some services should be de-insured.

Recognizing that the provincial government should continue to encourage restoration of a full federal funding partnership on health care, participants also submitted the idea of using taxation as a means to fund health care costs. This might include an overall increase in taxes or heavier taxation of consumer products that conflict with healthy lifestyle practices, such as tobacco, alcohol and junk food. Corporate taxation and enlarging the tax base were also offered as solutions.

Participants also suggested that private corporations be held accountable for health care costs related to industrial accidents. In addition, it was suggested that the government work to reduce drug costs by using generic labels rather than brand-names, reducing the patent time for pharmaceutical companies and generally exploring other methods of lowering the cost of drugs.

Re-organizing health care service provision emerged as a common subject in many discussion groups. Recognizing that home care was designed to reduce the costs associated with prolonged stays in hospitals, participants suggested that improvements and expansions be made to the current home care system.

To curb costs associated with service provision, participants suggested that the role of nurse practitioners be expanded to include such duties as initial assessment of medical needs, such as home care evaluations. Participants believed that overall responsibility for health care should be shared more equally between nurse practitioners and physicians.

Having recognized that the role of nurses in service provision could be expanded, participants also thought that a more integrated team approach to service provision could be developed so that appropriately skilled personnel are being used more efficiently. This might involve considering the role of a wider variety of professionals in health care service provision and expansion of the role of community health clinics.

Participants suggested that service integration might also mean accepting a more holistic approach to health care, which would include increasing access to information on alternative medicine, such as acupuncture, midwifery and therapeutic massage. It was also suggested that increased emphasis be placed on the role of traditional healers in Aboriginal communities.

Participants also suggested a review of rural hospitals and processes to assess how effectively these services are being used. This theme is directly related to the theme of accountability. Participants believe that the health care system and health care professionals need to continually work on efficiency to ensure health care dollars are being used appropriately. This could mean a better cost tracking system, independent audits and performance measurements of health care providers. It might also mean streamlining bureaucracy and administration.

Training, recruitment and retention of health care

professionals was widely recognized as critical to the future of health care in Manitoba. Participants suggested a variety of strategies to encourage long-term staff retention, including financial and academic incentives to health care students, such as forgivable loans and bursaries, who remain in the province after graduation. Likewise, participants suggested an examination of recruitment strategies and policies, such as accepting more health care professionals who are educated outside the province and country.

Wage and compensation costs were discernible themes in discussions about how to pay for health care. Some individuals believed that the government should examine the implications of physician salaries rather than the fee-for-service structure. It was suggested that salaries for nurses be standardized relative to the cost of living and that Manitoba ensure nurses' wages are competitive with other provinces. There was also some discussion about improving benefits for nurses and home care workers.

Education emerged as a theme within the broader category of human resources. On-going training opportunities for health care professionals was identified as a potential strategy for ensuring high-quality health care services into the future. Some participants submitted the idea that access to education be widened so that health care aides can become registered nurses over a period of time. It was also suggested that the voluntary sector within the health care system be expanded to curb costs and to encourage more youth to pursue health care professions.

Health care planning was a broad discussion subject with a theme focused on processes for planning. Participants suggested greater collaboration between Manitoba Health and other parties to address the future needs and directions of health care. Increased community consultation, provincial collaboration and liaisons between different levels of health care were identified as directions that should be pursued. In addition, participants suggested greater exploration of other health care models, such as the systems currently operated in Sweden, France and Cuba.

# Are there any ideas or measures that you think the provincial government should definitely not consider?

In general, participants discussed more potential solutions than they did measures and ideas that the government should not consider. However, one point seemed to ring true and was expressed strongly: universal access to health care should not be compromised and Medicare must be maintained.

Some participants expressed that privatization, user fees and premiums should not be pursued because doing so would create a two-tiered system that would put lower income and chronically ill individuals at a disadvantage. It was also suggested that the administrative resources required to implement and collect user fees might outweigh any potential revenue.

Some participants believed that doctors should not be put on salaries because fewer patients would be served on a daily basis, resulting in longer waiting lists.

Some participants said that the current home care system should not be expanded without a thorough review. It was suggested that some home care services that Medicare covers are not health care issues, such as laundry, and should therefore not be covered.

Some participants also felt that recruitment of health care professionals, such as nurses, from outside the country should not be pursued as an overall strategy to solve human resources shortages.

While participants recognize that rural heath care facilities need to be assessed in terms of efficiency and effective use of resources, some participants were concerned that health care should remain accessible in rural areas.

# What health care information would you find helpful in the future?

**Public education and access to information, with respect to both personal health practices and knowledge of the system, emerged as a common discussion subject. Participants suggested that a greater investment is needed for prevention and health promotion, particularly in educating children about healthy lifestyle practices. Some individuals suggested expansion of the role of physicians and nurses in providing preventive education and that the link between poverty and health also needs to be addressed in prevention efforts.**

Again, there was recognition of the strains on the publicly funded system, yet most people believed that universal health care should be maintained. Consequently, participants felt that more communication with the public about rising health care costs, increased demand for services and the decline of federal support for Medicare would help to create more realistic expectations.

Participants suggested that Manitoba Health educate people about the costs of health care so that they will have more reasonable expectations of what the health care system can afford to cover; when services can be provided and where services can be offered. Many people were of the opinion that most people have little or no understanding of the costs associated with health care; they suggested that individuals be made more aware of the cost of common services, such as basic check-ups by family doctors. Plain language information was seen as important.

There seemed to be consensus among participants that the consultation guide, HealthChoices, provided useful information of the type they thought Manitobans needed.

Some individuals felt that this document should be given to all Manitobans, perhaps as a direct mail piece. As part of the consultation process, this document was mailed to all households.

Participants also thought that a document outlining the different levels of care and types of services provided at health care facilities, as well as information about which services are paid for by the Provincial government and which services are the responsibility of the individual, would be useful.

# Part B: Public Feedback by Theme

| Subject: Human Resources | |
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| **Theme** | **Discussion** |
| **Payment Methods for Physicians** | • Doctors should be given salaries, particularly doctors in rural locations<br>• Increase the number of salaried health care professionals<br>• Doctors should not be salaried – doing so would create longer line ups and limit the number of patients served each day<br>• Review fee-for-service for physicians - look at implications for salaried physicians |
| **Competitive Salaries** | • Standardize salaries for health care practitioners relative to the cost of living<br>• Nursing wages should be competitive with wages offered in other provinces<br>• Benefits for home care workers need to be improved and increased |
| **Staff Retention Strategies** | • Create a human resource strategy<br>• Develop creative retention strategies<br>• Provide financial and academic incentives for rural and northern students<br>• Initiate a forgivable bursary program for health care professionals – bursary need only be paid back if they leave the province<br>• Create a student loan strategy for health care professionals where the loan is forgivable for the duration of service in Manitoba<br>• Provide financial assistance to doctors, nurses & lab technologists when they commit to staying in the province for one year for each year of education |
| **Education** | • Increase access to education<br>• Provide more training opportunities through a human resources strategy<br>• Restructure education for nurses – allow Health Care Aides to become Registered Nurses over a period of time<br>• Use public money to train health care professionals |
| **Recruitment** | • Evaluate recruitment/immigration of doctors in Manitoba<br>• Limit recruitment of foreign nurses due to costs of retraining<br>• Recognize certifications for doctors from other countries |
| **Streamlining Bureaucracy /Administration** | • Concern for efficiency in operations<br>• Are Regional Health Authorities the most efficient use of resources?<br>• Look for ways to reduce administrative expenses |
| **Volunteerism** | • Expand use of volunteers within the health care system to curb costs and encourage youth to pursue futures in health care |

| Subject: Health Care Service Provision | |
|---|---|
| **Theme** | **Discussion** |
| **Home Care** | • Improve the provincial home care system so that patients can leave hospitals earlier<br>• Have nurses perform home care evaluations instead of doctors to reduce cost<br>• Encourage federal government to implement a national home care program<br>• Provide full service home care<br>• Expand palliative home care<br>• Review allowable home care services – reduce provision of services outside the realm of health care, e.g. laundry |
| **Nurse Practitioners** | • Increase the use of nurse practitioners<br>• Consider the use of nurse practitioners for initial assessment of medical needs rather than doctors to lower costs<br>• Responsibility for service should be shared equally by nurse practitioners and physicians |
| **Use of Rural Facilities** | • Review rural hospital processes and services to assess occupancy rates/ use – consider if they are the best use of our resources<br>• Ensure equal opportunities for treatment and access to services throughout Manitoba<br>• Do not close rural hospitals<br>• Use rural facilities more effectively |
| **Alternative Medicine** | • Increase access to information on alternative medicine such as acupuncture, midwifery and therapeutic massage<br>• Increase emphasis on traditional healers in Aboriginal communities<br>• Take a holistic approach to health care |
| **Service Integration** | • Develop an integrated team approach to service provision<br>• Use correctly skilled personnel where needed, which includes considering all health care professionals for a more integrated system<br>• Expand access to community health clinics |
| **Accountability** | • Continually work on efficiency<br>• Measure performance of health care providers<br>• Concern regarding lack of continuity of care<br>• Track costs for more overall accountability, particularly with respect to rural hospitals<br>• Independent audits<br>• Accountability of physicians |

## Subject: Cost Issues

| Theme | Discussion |
|---|---|
| **User Fees** | • Implement user fees based on personal income<br>• Implement a user fee for some services<br>• Do not rule out any options regarding broad-based health care, including a two-tier system and user fees<br>• Investigate user fees as an option and bring the pros and cons to the public<br>• Implement fees for individuals who visit doctors for minor illnesses or very frequently<br>• Fee for service option with deductible based on services<br>• Do not consider user fees – user fees discourage low income groups from using health care and may increase costs through increased administration for collection<br>• No two tier system<br>• User fees tend to penalize the chronically ill |
| **Premiums** | • Implement an annual health care service fee based on income (sliding scale)<br>• Implement a flat fee premium per family |
| **De-Insuring Services** | • 100% coverage may not be realistic<br>• Conduct covered services audit – determine what services should be eligible for coverage |
| **Privatization** | • No privatization<br>• Partial privatization<br>• Publicly funded private clinics |
| **Federal Funding** | • Federal government should have more responsibility for funding health care<br>• Continue to lobby federal government for a larger share of the provincial health care budget |
| **Taxation** | • Increase taxes to support health care<br>• Increase tax base by attracting more businesses and people to Manitoba<br>• Raise taxes on tobacco, alcohol, gas and junk food and use these taxes for health<br>• Tax large corporations, banks and oil companies<br>• No more taxes |
| **Drug Costs** | • Decrease drug costs by offering generic brands with the same capabilities as name brand products<br>• Shorter patents for pharmaceutical companies<br>• Explore methods of reducing drug costs |
| **Other Revenue Sources** | • Earmark some revenue from Crown corporations to pay for health care<br>• Use lottery/casino revenue for health care<br>• Make private companies pay for medical costs related to industrial accidents |

## Subject: Planning

| Theme | Discussion |
|---|---|
| **Planning Process** | • Involve communities in the search for solutions<br>• Liaise between different levels of health care services to plan possible changes<br>• Do not hire outside consultants for planning<br>• Adapt other health care models to Manitoba, such as the models in Sweden, France and Cuba<br>• Collaborate with other provinces to develop a better health care model |

## Subject: Public Information and Education

| Theme | Discussion |
|---|---|
| **Prevention** | • Increased investment in prevention and education<br>• Continue funding prevention and promotion of healthy lifestyles<br>• Begin educating children at a young age about healthy lifestyle practices<br>• Increase the preventive education being done by doctors and nurses<br>• Recognize and address the correlation between poverty and health |
| **Services** | • Educate people about the costs of health care by sending them a statement of costs<br>• Educate the public to have more reasonable expectations of the health care system<br>• Increase public awareness of costs<br>• Provide more plain language information about health care for people with low literacy levels |

## Subject: Population Health

| Theme | Discussion |
|---|---|
| **Nutrition** | • Regulate the cost of food, especially in the North, to enable healthier food choices<br>• Provide healthier meals in hospitals |
| **Aboriginal Issues** | • Implement an Aboriginal Health Strategy<br>• Increase the use of traditional Aboriginal healers<br>• Improve Aboriginal access to home care services |